

# COVER SHEET FOR MAKE-UP TESTS

Fall 2018

Limited Availability – Reminder: No Final Exams

Instructor: *Please complete the form below for each student who will be taking a make-up test in the Academic Success Center and attach it to the exam. Thank you for your cooperation.*

Student's name \_\_\_\_\_ Banner ID \_\_\_\_\_

Instructor's name, phone number & e-mail address:

\_\_\_\_\_

Course Name, Number & Section \_\_\_\_\_

Topic or Test # \_\_\_\_\_

Date for make-up test: **Circle the day & time and write the date next to it**  
**Mon 2:00 p.m. – 4:00 p.m.** \_\_\_\_\_ **Wed 5:00 p.m. – 7:00 p.m.** \_\_\_\_\_  
**Sat. 10:00 a.m. – 12:00 p.m.** \_\_\_\_\_

Time limit for taking the test \_\_\_\_\_ (Up to 2 hours)

*Time extensions for students with accommodations shall be determined by instructor as advised by the Learning Disabilities Coordinator.*

Is the student allowed to reschedule? \_\_\_\_\_

(yes) (no)

Are calculators allowed? \_\_\_\_\_

(yes) (no)

Are books allowed? \_\_\_\_\_

(yes) (no)

Are notes allowed? \_\_\_\_\_

(yes) (no)

Please indicate below any additional instructions for this test.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Academic Success Center Staff use only:

Test received by (Staff name): \_\_\_\_\_ Date: \_\_\_\_\_

Test Starting Time: \_\_\_\_\_ Staff name: \_\_\_\_\_

Test Ending Time: \_\_\_\_\_ Staff name: \_\_\_\_\_ No Show \_\_\_\_\_

Test picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

(Instructor's Signature)